

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9703</b>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name John P Frey  P O Box Bldg Room No If any  Street 7012 1st Ave S  City Richfield  State Minnesota ZIP Code +4 55423	4 Name file number and address of labor organization Name Mail Handlers Local Union No 323  Labor Organization File Number 090-140  P O Box Building and Room Number If any Suite #5  Street 1602 Selby Ave  City Saint Paul  State Minnesota ZIP Code +4 55104-6262
5 Position in labor organization Treasurer Local 323	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name First Health  Trade Name if any The Mail Handler Benefits Plan  P O Box Bldg Room No If any  Street 3200 Highland Ave  City Downers Grove  State Illinois ZIP Code +4 60515-1223	7 a Nature of Interest, Transaction or Income On June 11 2004 my wife and I were taken out to dinner by a representative of First Health First Health is the insurance underwriter for our organizations Federal Health Benefits Plan  7 b Amount  \$80

### Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed	On 08/09/2005	(612) 866-3870
	Date	Telephone Number

Name of Person Filing <b>John Frey</b>	File Number <b>U</b>
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer				
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<table border="1"> <tr> <td data-bbox="803 724 1521 976"> <b>11 a Nature of such dealing</b> </td> </tr> <tr> <td data-bbox="803 976 1521 1018"> <b>11 b Approximate dollar value of such dealing</b> </td> </tr> <tr> <td data-bbox="803 1018 1521 1291"> <b>12 a Nature of interest held or income received</b> </td> </tr> <tr> <td data-bbox="803 1291 1521 1320"> <b>12 b Amount</b> </td> </tr> </table>	<b>11 a Nature of such dealing</b>	<b>11 b Approximate dollar value of such dealing</b>	<b>12 a Nature of interest held or income received</b>	<b>12 b Amount</b>
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<b>12 a Nature of interest held or income received</b>					
<b>12 b Amount</b>					

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<b>14 a Nature of payment</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment.</b>